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APPLICANTS

Longzhi Jiang, Florence, SC;
 Gregory Alan Lehmann, Florence, SC;
 Clifford Joseph Ginfrida, Florence, SC;

** CONTINUING DATA ***** *ADM MM*** FOREIGN APPLICATIONS ***** *MM MM*

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/DIXOMARA VARGAS/ Examiner's Signature	Initials	SC	1	<i>20/8</i>	3

ADDRESS

Dickinson Wright PLLC
 38525 Woodward Avenue
 Suite 2000
 Bloomfield Hills, MI 48304
 UNITED STATES

TITLE

THERMAL SHIELD TO COLDHEAD SLEEVE THERMAL CONTACT

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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